## **Medi-Cal Update**

Long Term Care | January 2012 | Bulletin 419



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- 2. HIPAA ASC X12N 5010, NCPDP D.0 and 1.2 Transactions Update
- 3. Medi-Cal Payment Reductions
- 4. New Enrollment and Disenrollment Options for Medi-Cal Managed Care
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# 1. Skilled Nursing Facilities: Quality Assurance Fee for Rate Year 20112012

The Quality Assurance Fee (QAF) assessed for each Skilled Nursing Facility (NF) for the rate year August 1, 2011 to July 31, 2012 was approved by the Centers for Medicare & Medicaid Services on November 21, 2011. *California Health and Safety Code*, Sections 1324.20 through 1324.30 authorizes the Department of Health Care Services (DHCS) to collect a QAF from all non-exempt Freestanding (FS) NFs and from Freestanding Skilled Adult Subacute Nursing Facility Level Bs (FS/NF-Bs). The purpose of this fee is to enhance federal financial participation in the Medi-Cal program, and to provide additional reimbursement to, and support of, quality improvement efforts in licensed FS/NF-Bs providing services for the Medi-Cal program.

DHCS will collect the following QAF on a monthly basis:

- FS/NF-Bs with total annual resident days equal to or greater than 100,000: \$13.43 per resident day.
- FS/NF-Bs with total annual resident days less than 100,000: \$14.33 per resident day.

DHCS will send quarterly notices and three monthly payment forms to each non-exempt FS/NF-B. Payments are due on or before the last day of the month following the month for which the fee was imposed.

#### Questions about the QAF program may be submitted to:

FS/NF-B QAF Coordinator Department of Health Care Services Long Term Care System Development Unit MS 4612 1501 Capitol Avenue, Suite 71.4001 P.O. Box 997417 Sacramento, CA 95899-7417

#### Questions about the QAF payments may be submitted to:

Department of Health Care Services Quality Assurance Fee Program MS 4720 P.O. Box 997425 Sacramento, CA 95899-7425 (916) 650-0490

Providers may access information about the QAF program on the <u>Quality Assurance Fee</u> page of the DHCS website.

EDMUND G. BROWN, JR., GOVERNOR OFFICE OF ADMINISTRATIVE LAW (Continued on next page)

### Time-

## **Dated**

# Material

PROPOSED	ACTION	ON REGUL	ATIONS
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TITLE 2. FAIR POLITICAL PRACTICES COMMISSION
Conflict of Interest Code — Notice File No. Z2011–1206–03
1995
MULTI-COUNTY: Amendment
North Coast Schools Insurance Group
Nevada Irrigation District
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STATE: Adoption
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MULTI-COUNTY: Adoption
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North Coast Schools Medical Insurance Group
TITLE 3. DEPARTMENT OF FOOD AND AGRICULTURE
Phytosanitary Certification — Notice File No. Z2011–1206–11
1996
TITLE 4. CALIFORNIA SCHOOL FINANCE AUTHORITY
Charter School Facilities Program — Notice File No. Z2011–1206–08
1998
TITLE 10. CALIFORNIA FILM COMMISSION
California Film and Television Tax Credit Program — Notice File No. Z2011–1205–02
2004
TITLE 15. CORRECTIONS STANDARDS AUTHORITY
2007 Local Jail Construction Funding Program — Notice File No. Z2011–1206–04
2009
TITLE 16. BOARD OF BARBERING AND COSMETOLOGY
Examination Papers; Text and Reference Books — Notice File No. Z2011–1205–01
2020
GENERAL PUBLIC INTEREST
DEPARTMENT OF FISH AND GAME
CESA Consistency Determination Request for Livermore Toyota Dealership Project, Alameda County
(2080–2011–024–03)
2022
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containing
notices of proposed regulatory actions by state regulatory agencies to adopt, amond or repeal regulations contained

notices of proposed regulatory actions by state regulatory agencies to adopt, amend or repeal regulations contained in the

California Code of Regulations. The effective period of a notice of proposed regulatory action by a state agency in the

California Regulatory Notice Register shall not exceed one year [Government Code § 11346.4(b)]. It is suggested, therefore,

that issues of the California Regulatory Notice Register be retained for a minimum of 18 months.

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http://www.oal.ca.gov. DEPARTMENT OF HEALTH CARE SERVICES
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2023
DEPARTMENT OF HEALTH CARE SERVICES
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2023
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STATE CONTROLLER'S OFFICE
Notice of Decision Not to Proceed with Unclaimed Property Law Originally Published on December 2,
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in the CRNR 2011, 48Z
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Sections Filed, July 13, 2011 to December 7, 2011
2027
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100,000 - \$14.33, per resident day. DHCS will send quarterly notices to each nonexempt FS/NF–B and three monthly payment forms. Payments are due on or before the last day of the month following the month for which the fee is imposed. PUBLIC REVIEW AND COMMENTS A copy of the California Health and Safety Code sections 1324.20 through 1324.30, and Welfare and Institutions Code section 14105.06 may be requested from, and any comments may be sent to: Mr. Grant Gassman, RM II Long Term Care Section Department of Health Care Services 1501 Capitol Avenue, Suite 71.4001 MS 4612 P.O. Box 997417

P.O. Box 997417 Sacramento, CA 95899–7417